



Clark County
Regional Support Network
**Vendor Agency
Sentinel Event Report Form**

CONFIDENTIAL

REPORTING AGENCY: _____ DATE REPORT SUBMITTED: ____/____/____

NAME OF PERSON

SUBMITTING REPORT: _____ PHONE #: _____

CASE ID #: _____ D.O.B: ____/____/____

CONSUMER'S NAME: _____

DATE OF EVENT: ____/____/____ LOCATION OF EVENT: _____

MEDIA INVOLVEMENT: ☐ No ☐ Yes (describe) _____

DESCRIPTION OF EVENT:

- ☐ Homicide ☐ Attempted Homicide ☐ Suicide ☐ Attempted Suicide ☐ Unexpected or Suspicious Death
☐ Injury ☐ Damage to Property ☐ Threat ☐ Assault ☐ Abuse or Neglect ☐ Loss of Services
☐ Other _____

DESCRIPTION OF THE EVENT: *(Use additional sheets as necessary)*

INDIVIDUALS INVOLVED – STAFF: *(Include contact information)*

INDIVIDUALS INVOLVED – OTHERS: *(Include contact information)*

Standard review procedures for this sentinel event are being followed. The results of the standard review process by this agency shall be submitted within 30 days of the occurrence.

SIGNATURE: _____

DATE: ____/____/____

PRINT NAME: _____

TITLE: _____